

## Continuation

- August 27, 2015 Ethan with PEI capped off manifold to south tank so we could start operating north tank. Reclaimed 443 gallons of fuel. (tank reading)
- August 28, 2015 Josh with PEI flushed fuel lines and recovered 50 gallons of fuel. Remaining gallons of fuel unaccounted for now totaling 846 gallons.



United States  
**Environmental Protection Agency**  
Washington, DC 20460

Approval expires xx/xx/xx  
OMB No.2050-0068

**Notification For Underground Storage Tanks**

**III. TYPE OF OWNER**

- |   |   |
|---|---|
| <input type="checkbox"/> Federal Government | <input checked="" type="checkbox"/> Tribal Government |
| <input type="checkbox"/> State Government   | <input type="checkbox"/> Local Government             |
| <input type="checkbox"/> Commercial         | <input type="checkbox"/> Private                      |

**IV. INDIAN COUNTRY**

USTs are located on land within an Indian reservation or on trust lands outside reservation boundaries

Federally recognized tribe where USTs are located:

*Sac & Fox Nation of Missouri*

**V. TYPE OF FACILITY**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Auto Dealership               | <input type="checkbox"/> Federal – Military     | <input type="checkbox"/> Residential           |
| <input type="checkbox"/> Commercial Airport Or Airline | <input checked="" type="checkbox"/> Gas Station | <input type="checkbox"/> Trucking Or Transport |
| <input type="checkbox"/> Contractor                    | <input type="checkbox"/> Industrial             | <input type="checkbox"/> Utilities             |
| <input type="checkbox"/> Farm                          | <input type="checkbox"/> Petroleum Distributor  | <input type="checkbox"/> Other (Explain) _____ |
| <input type="checkbox"/> Federal – Non-military        | <input type="checkbox"/> Railroad               |  |

**VI. CONTACT PERSON IN CHARGE OF TANKS**

Name: <i>Theresa Armbruster</i>	Job Title: <i>Manager</i>	Address: <i>1346 US Hwy 75 Powhattan, Ks 6527</i>	Phone Number (Include Area Code): <i>785-467-5355 785-742-2037 402-245-1236</i>
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**VII. FINANCIAL RESPONSIBILITY**

☐ I have met the financial responsibility requirements (in accordance with 40 CFR part 280 Subpart H) by using the following mechanisms:

(check all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Bond Rating Test                | <input type="checkbox"/> Local Government Financial Test | <input type="checkbox"/> Surety Bond                        |
| <input checked="" type="checkbox"/> Commercial Insurance | <input type="checkbox"/> Risk Retention Group            | <input type="checkbox"/> Trust Fund                         |
| <input type="checkbox"/> Guarantee                       | <input type="checkbox"/> Self-insurance (Financial Test) | <input type="checkbox"/> Other Method (describe here) _____ |
| <input type="checkbox"/> Letter Of Credit                | <input type="checkbox"/> State Fund                      |   |

☐ I do not have to meet financial responsibility requirements because 40 CFR part 280 Subpart H is not applicable to me (e.g., if you are a state or federal owner).

**VIII. CERTIFICATION (Read and sign after completing ALL SECTIONS of this notification form)**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in Sections I through XI of this notification form and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.


<i>Theresa Armbruster</i>	<i>Theresa Armbruster</i>	<i>8-10-15</i>
Name and official title of owner or owner's authorized representative (Print)	Signature	Date Signed

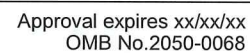
**Paperwork Reduction Act Notice**

The public reporting and recordkeeping burden for this collection of information is estimated to average 30 minutes per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.



## Appendix I to Part 280

		United States <b>Environmental Protection Agency</b> Washington, DC 20460		Approval expires xx/xx/xx OMB No.2050-0068	
<b>Notification for Underground Storage Tanks</b>					
Implementing Agency Name And Address:			IMPLEMENTING AGENCY USE ONLY		
			ID NUMBER:		
			DATE RECEIVED:		
			DATE ENTERED INTO COMPUTER:		
<b>TYPE OF NOTIFICATION</b>					
<input type="checkbox"/> A. NEW FACILITY OR ONE-TIME NOTIFICATION (previously deferred system)		<input type="checkbox"/> B. AMENDED		<input type="checkbox"/> C. CLOSURE OR CHANGE-IN-SERVICE	
			DATA ENTRY CLERK INITIALS:		
			OWNER WAS CONTACTED TO CLARIFY RESPONSES, COMMENTS:		
_____ Number of tanks at facility _____ Number of continuation sheets attached			<b>What USTs Are Included?</b> An UST system is defined as any one or combination of tanks that is used to contain an accumulation of regulated substances, and whose volume (including connected underground piping) is 10 percent or more beneath the ground. Regulated USTs store petroleum or hazardous substances (see <b>What Substances Are Covered</b> below). This includes UST systems with field-constructed tanks and airport hydrant fuel distribution systems.		
<b>INSTRUCTIONS AND GENERAL INFORMATION</b>					
<p>Please <b>type or print in ink</b>. Also, be sure you have signatures in ink for sections VIII and XI. Complete a notification form for each location containing underground storage tanks. If more than 5 tanks are owned at this location, you may photocopy pages 3 through 6 and use them for additional tanks.</p> <p>The primary purpose of this notification form is to provide information about the installation, existence, changes to, and closure of underground storage tank systems (USTs) that store or have stored petroleum or hazardous substances. The information you provide will be based on reasonably available records, or in the absence of such records, your knowledge or recollection.</p> <p><b>Federal law requires UST owners to use this notification form for all USTs storing regulated substances that are brought into use after May 8, 1986, or USTs in the ground as of May 8, 1986 that have stored regulated substances at any time since January 1, 1974. The information requested is required by Section 9002 of the Solid Waste Disposal Act (SWDA), as amended.</b></p> <p><b>Who Must Notify?</b> 40 CFR part 280, as amended, requires owners of USTs that store regulated substances (unless exempted) to notify implementing agencies of the existence of their USTs. Owner is defined as:</p> <ul style="list-style-type: none"> <li>In the case of an UST in use on November 8, 1984, or brought into use after that date, any person who owns an UST used for storage, use, or dispensing of regulated substances; or</li> <li>In the case of an UST in use before November 8, 1984, but no longer in use on that date, any person who owned the UST immediately before its discontinuation.</li> </ul> <p>Also, owners of previously deferred UST systems with field-constructed tanks and airport hydrant fuel distribution systems in the ground as of <b>DATE of REG</b> must submit a one-time notification of existence by <b>ENTER DATE three years after REG</b>. Owners of UST systems with field-constructed tanks and airport hydrant fuel distribution systems brought into use after <b>DATE of REG</b> are considered new facilities and must follow the same notification requirements as all other UST owners.</p>			<p><b>What Tanks Are Excluded From Notification (see § 280.10 and § 280.12)?</b></p> <ul style="list-style-type: none"> <li>Tanks removed from the ground before May 8, 1986;</li> <li>Farm or residential tanks of 1,100 gallons or less capacity storing motor fuel for noncommercial purposes;</li> <li>Tanks storing heating oil for use on the premises where stored;</li> <li>Septic tanks;</li> <li>Certain pipeline facilities regulated under chapters 601 and 603 of Title 49;</li> <li>Surface impoundments, pits, ponds, or lagoons;</li> <li>Storm water or wastewater collection systems;</li> <li>Flow-through process tanks;</li> <li>Liquid traps or associated gathering lines directly related to oil or gas production and gathering operations;</li> <li>Tanks on or above the floor of underground areas, such as basements or tunnels;</li> <li>Tanks with a capacity of 110 gallons or less;</li> <li>Wastewater treatment tank systems;</li> <li>UST systems containing radioactive material that are regulated under the Atomic Energy Act of 1954;</li> <li>UST systems that are part of an emergency generator system at nuclear power generation facilities regulated by the Nuclear Regulatory Commission under 10 CFR part 50.</li> </ul> <p><b>What Substances Are Covered?</b> The notification requirements apply to USTs containing petroleum or certain hazardous substances. Petroleum includes gasoline, used oil, diesel fuel, crude oil or any fraction thereof which is liquid at standard conditions of temperature and pressure (60 degrees Fahrenheit and 14.7 pounds per square inch absolute). Hazardous substances are those found in Section 101 (14) of the Comprehensive Environmental Response, Compensation and Liability Act of 1980, with the exception of those substances regulated as hazardous waste under Subtitle C of the Resource Conservation and Recovery Act.</p> <p><b>When And Who To Notify?</b> Owners who bring USTs into use after May 8, 1986 must submit this notification form to the implementing agency within 30 days of bringing the UST into use. If the implementing agency requires notification of any amendments to the facility, send information to the implementing agency immediately.</p> <p><b>Penalties:</b> Any owner who knowingly fails to notify or submits false information shall be subject to a civil penalty not to exceed \$16,000 for each tank for which notification is not given or for which false information is given.</p>		
<b>I. OWNERSHIP OF USTs</b>			<b>II. LOCATION OF USTs</b>		
Owner Name (Corporation, Individual, Public Agency, Or Other Entity)			If required by implementing agency, give the geographic location of USTs either in decimal degrees, or degrees, minutes, and seconds. Example: Latitude: 36.123480 (or 36° 7' 24.4"), Longitude: -106.549876 (or -106° 32' 59.6")		
Sac & Fox Nation of Missouri			Latitude 39° 42' 13.01" N Longitude 95° 43' 47.55" W		
Street Address			Facility Name Or Company Site Identifier, As Applicable		
305 N Main			Sac & Fox Truck Stop		
County			<input type="checkbox"/> If address is the same as in Section I, check the box and proceed to section III. If address is different, enter address below:		
Hiawatha, KS 66434			Street Address		
Brown					
City	State	Zip Code	County		
Hiawatha	KS	66434	Brown		
Phone Number (Include Area Code)			City	State	Zip Code
785-742-7471			1346 US Hwy 75	KS	66527







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**Notification For Underground Storage Tanks**

Tank Identification Number	Tank No. <u>2</u>	Tank No. <u>6</u>	Tank No. <u>4</u>	Tank No. <u>5</u>	Tank No. <u>1 &amp; 3</u>
<b>7. Piping Attributes</b> (check all that apply)					
Bare Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Galvanized Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Reinforced Plastic	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Flexible Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected (impressed current)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected (sacrificial anodes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Airport Hydrant Piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, Specify Here					
<b>8. Piping Delivery Type</b> (check all that apply)					
Safe Suction (no valve at tank)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U.S. Suction (valve at tank)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Gravity Feed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9. Substance Currently Stored (or last stored in the case of closed tanks)</b> (check all that apply)					
Gasoline (containing ≤ 10% ethanol)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Biodiesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gasoline Containing >10% Ethanol (specify amount of ethanol)					
Diesel Containing >20% Biodiesel (specify amount of biodiesel)					
Other, specify here				<u>Premium</u>	
Hazardous Substance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CERCLA Name Or CAS Number					
Mixture Of Substances		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please Specify Substances Here					



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Notification For Underground Storage Tanks

Tank Identification Number	Tank No. 2 <i>manifested</i> NMID 15000	Tank No. 6 <i>manifested</i> SMID 12000	Tank No. 4 <i>unleaded</i> 7000	Tank No. 5 <i>Premium</i> 8000	Tank No. 3 <i>manifested</i> SDiesel 10,000 <i>12,000 N</i>			
	TANK	PIPE	TANK	PIPE	TANK	PIPE	TANK	PIPE
10. Release Detection (check all that apply)								
Manual Tank Gauging	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Tank Tightness Testing	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Inventory Control	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Automatic Tank Gauging	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vapor Monitoring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Groundwater Monitoring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Interstitial Monitoring (required for new or replaced tanks or piping)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statistical Inventory Reconciliation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Automatic Line Leak Detectors		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Line Tightness Testing		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
No Release Detection Required (such as some types of suction piping)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Method Allowed By Implementing Agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, Specify Here								

X. CLOSURE OR CHANGE IN SERVICE

1. Closure Or Change In Service					
Estimated Date The UST Was Last Used For Storing Regulated Substances (month/day/year)	7-20-2015	7-20-2015			
Check Box If This Is A Change In Service (i.e., Change of storage to a non- regulated substance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Tank Closure					
Estimated Date Tank Closed (month/day/year)	To be determined				
(check all that apply below)					
Tank Removed From Ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank Closed In Ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank Filled With Inert Material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe The Inert Fill Material Here					
3. Site Assessment					
Check Box If The Site Assessment Was Completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check Box If Evidence Of A Release Was Detected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, Specify Here		only because it was manifested to #2			



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**Notification For Underground Storage Tanks**

Tank Identification Number	Tank No.	Tank No.	Tank No.	Tank No.	Tank No.
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**XI. CERTIFICATION OF INSTALLATION (Complete For UST Systems Installed After December 22, 1988 And For Airport Hydrant Distribution Systems And Field-Constructed USTs Installed After [DATE OF REG])**

<b>Installer Of Tank And Piping</b> (check all that apply)					
Installer Certified By Tank And Piping Manufacturers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installer Certified Or Licensed By The Implementing Agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installation Inspected By A Registered Engineer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installation Inspected And Approved By Implementing Agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manufacturer's Installation Checklists Have Been Completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another Method Allowed By Implementing Agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specify Other Method Here	_____	_____	_____	_____	_____

**Signature Of UST Installer Certifying Proper Installation Of UST System**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Position

\_\_\_\_\_  
Company